



Distance Counseling Informed Consent Form

Distance counseling, also called online therapy, is defined as practice of health care delivery, diagnosis, consultation and treatment using electronic, telephone or visual telecommunications.

Distance Counseling Options Offered & Client Privacy: I, the client, understand that my therapist at Stribling Counseling, offers distance counseling via phone and visual telecommunication. These are the visual telecommunication options: Webex or Doxy.me (which are HIPAA-compliant) or FaceTime. I fully understand that FaceTime is not a guaranteed secure format for client confidentiality. I understand that my therapist at StriblingCounseling, also offers distance counseling via phone sessions and that the telephone is not HIPAA-protected. Confidentiality will be treated like an office session whereby your counselor will contact appropriate authorities if at risk to self or others is assessed as an immediate and present concern. I agree that Stribling Counseling Services will not be held responsible if any outside party gains access to information by bypassing their security measures. I understand that phone and on-line sessions have limitations compared to "in-person" sessions, among them being the lack of personal face-to-face interaction and the lack of visual and audio cues in the therapy process.

Technology Failure: I, the client, do understand that in the event of a technology failure during a phone or visual telecommunication session, immediate steps will be taken by the therapist to reconnect. Contact via email is the first backup step to failed phone and visual telecommunication connection. The therapist will attempt to contact me through the remaining session time via email (and I will do the same, as well). I, the client, will confirm receipt of successful contact. The compromised appointment will be rescheduled and, unless other arrangements are made, will be billed at the full rate.

Recording of Sessions: I understand that visual or phone sessions will not be recorded by my therapist or by me, the client, unless there is an explicit written consent between us for reasons that clearly benefit my treatment.

I understand that in the event of an emotional emergency or crisis, I can follow this Emergency Plan:

- Call 911 or local emergency response team
- Go to the nearest emergency room
- Contact the National Suicide Prevention Hotline, 1-800-273-TALK (8255) or 1-800-784-2433

I understand that I have the option to choose the methods of telecommunications that I prefer and that I must "opt in."

Initial all that apply:

Distance Counseling Using Visual Telecommunication:

- I give my consent to use FaceTime for my distance counseling.
- I prefer to only engage in a form of visual communication that is HIPAA-compliant. I understand Webex and Doxy.me are the format offered.

Distance Counseling Using Phone: My Consent:

I give my consent to use the telephone for my distance counseling.

- *I have had ample opportunity to ask questions and receive clarification about these options and this policy.*
- *I will comply with the above plans set up to address the potential risks of distancing counseling and discuss any aspects that require my participation in the planning.*
- *I understand that I have the option to choose which telecommunication method(s) I prefer.*
- *I have "opted in" for the electronic technology that is acceptable to me at this time.*
- *I understand that I have the option to change my mind about any of my choices listed above and I will do so in writing.*
- *I do recognize the potential risk of compromise to my confidentiality by using phone or visual telecommunication.*
- *I wish to proceed knowing these risks.*

By signing the form, I agree with the above.

Signature: _____
(Client, Authorized Person or Legalized Representative)

Date: _____